

THE CALIFORNIA MEDICAL JOURNAL.

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VOL. 4. OAKLAND, CAL., NOVEMBER, 1883. No. 11.

ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write without breaks, *i. e.*, do not begin a new sentence on a new line. When you want to begin a new line or paragraph at a given word, place before it in your MS. the Sign ¶ Draw a line along the margin of such paragraphs as should be printed in smaller type, for instance, all that is clinical history in reports of cases, etc. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

COMMENTS ON THE MANAGEMENT OF ABORTIONS.

BY H. T. WEBSTER, M. D.

To THE young practitioner and sometimes to the older one the proper manner of procedure in certain cases of abortion is a subject fraught with much anxiety. Grave and perplexing questions as to what ought to be done to carry the patient safely through, arise at a juncture when the demand is imperative that something be done immediately, not only for the safety of the patient, but to satisfy the expectations of anxious and sometimes unreasonable and imperious friends.

An abortion occurring after the third month is not ordinarily attended by great danger, whatever its after results may be, for by that time the period of tuft nutrition has passed by, and the placenta has been formed, restricting the amount of surface liable to hemorrhage to a fractional part of the endo-metrium, and affording a union between that and the placenta not usually difficult of dissolution by uterine contraction. But previous to this time the ovum derives its nourishment from the maternal circulation through the agency of villous tufts, which, reaching out over almost its entire surface, unite it firmly to almost every portion of the uterine lining.

If now some part of this become separated so as to leave

open vessels in the gap to ooze, the adherent portion may remain for weeks to prolong the drizzling hemorrhage in spite of the feeble attempts of a slightly developed uterus to expel it. Such a state as this is not difficult of management, if the condition be regarded in a rational light, but hesitancy or failure to apply the proper means places the patient in a critical position.

We need not hope for a speedy termination of such abortions. It is our province to guard the avenues through which life may escape, and allow nature to accomplish much of the remainder. The situation should be explained to our patient, who may know no better than to expect a speedy ending of her trouble, that she may be prepared for a lengthened siege, though this does not always follow.

About ten years ago a woman who conceived that she was too rapidly becoming the mother of a numerous progeny, wounded her five weeks' embryo by introducing a knitting-needle through the cervix uteri. After producing a tolerably profuse sanguineous discharge, she allowed it to continue for nearly a fortnight, when, concluding that the incubus was shaken off, and finding herself weakening under the loss of blood, she applied to me for a remedy to arrest the hemorrhage.

A digital examination confirmed her statement as to the stage of development, and I informed her that the product of conception was still within the uterus, and that it would require some time further for its separation. Ergot was administered with the hope that by producing contraction of the uterine fibers enough compression could be brought to bear upon the open vessels to stay the hemorrhage, but it failed to produce the least influence except to disturb the cerebral circulation. Oil of erigeron was then administered with some good effect, but not enough to warrant its continuance, as the loss was still a serious matter, considering that there was little favorable prospect of an early removal of the cause. Hamamelis was then tried, but with no better result, and as the patient was becoming very much prostrated by the continued discharge, which had been prolonged a week or ten days in my hands, counsel was called.

Tannic and gallic acids were the agents recommended by the consulting physician, and attention to the administration of nutritious diet, with stimulants, enjoined, to sustain the flagging powers; but these measures failed as signally as

my own had to afford any appreciable advantage. Evidences of cerebral anæmia now began to appear. The patient could not sleep day nor night, and complained of swimming sensations—the bed seemed floating in the air at times. The case was assuming very serious prospects. The discharge had lost its red color, but still continued as an almost colorless fluid, which slightly stained the napkins. It seemed as though the supply of red corpuscles was well-nigh exhausted. The patient's countenance was like marble in whiteness, and the mucous membranes exhibited but little more color.

The idea of a tampon at length suggested itself. Somehow during my student days I had imbibed the notion that this was to be held in reserve for sudden and alarming gushes of blood. This had seemed too incipient all along—too moderate to demand such a measure. But as something must be done at once to stay the life-current if my patient was to survive, and the most approved internal remedies had failed, I packed the vagina with raw cotton, but at almost too late a period to prove available. Within a few hours I was sent for in great haste, and the summons was coupled with the information that my patient was dying. I wasted no time in arriving at her bedside, when it seemed that my worst expectations were realized. She lay in a state of coma, only gasping for breath at long intervals; the wrists were pulseless, and the extremities and even the mouth and breath cold. Brandy was administered as rapidly as the patient could be made to swallow; sinapisms were applied along the spinal column and over the stomach, and brisk friction was made to the extremities, but for hours it seemed as though the end had come. Finally, however, symptoms of reaction began to appear; the patient slowly rallied and fell into an exhausted slumber, while, worn and haggard, I sat beside her, reflecting upon the pleasant responsibilities of a doctor's life. The hemorrhage was arrested, but the mortifying reflection was that the proper measure applied at an earlier date might have saved the patient from such a fearful experience.

From this time on, under a stimulating and nourishing diet, she slowly rallied. The tampon was removed and renewed every twenty-four hours. The second day I found the cervix completely dilated, so that the toucher could be passed completely around the ovum, except at the upper

surface, which was still adherent to the endo-metrium. Through a bivalve speculum it was seized and dragged away with a pair of forceps, without resulting in loss of blood. No more hemorrhage followed, but for a year afterward the blanched appearance of my patient's countenance referred to the time when the exhausting drainage had well-nigh devitalized her.

Such a lesson as this is worth months of medical lectures to impress a point. It was nearly a dear one to me, but it has done me good service many a time since. I now consider the tampon the sheet-anchor in all cases of abortion requiring the prompt arrest of hemorrhage. Between it and the bleeding vessels coagula form, which dam up the waste-gate, and the influence of the pressure serves to encourage dilatation of the cervix and extrusion of the uterine contents. Ergot, *ustilago maidis*, *hamamelis*, *erigeron*, and other agents of like character may serve as auxiliaries, but to effectually stay the escaping blood from a gaping wound in the endo-metrium the tampon is the one indispensable agent.

It comes in no less successful play in abortions occurring after the third month, where hemorrhage is persistent. Sometimes this attends the retention of the placenta after the foetus has been expelled. Again, prior to this period, circumstances will exist where hemorrhage will demand it. I believe there is a great deal of moonshine about the idea that the use of this agent is liable to be attended by internal hemorrhage. However, authorities agree that its use is safe any time before the fifth month. After that it will hardly ever be required.

With the tampon as a means of resort, I can dispense with much of the paraphernalia recommended by some writers in the management of abortions. As the principal danger is from hemorrhage, this serves a better end than any other means, while it is no unimportant factor in lessening the suffering from ineffectual uterine contraction, as it facilitates dilatation. The dilatation of the cervix uteri by forcible means for the purpose of the removal of retained placenta I consider, from my experience, uncalled for and unjustifiable. The tampon will guard against possible hemorrhage and facilitate dilatation, and a torpid uterus will finally—though a week of inactivity follow the extrusion of the foetus—rouse up and expel the foreign

body. Meantime if we wish to demonstrate our ability, instead of rashly subjecting the patient to measures tending to the origin of metritis, through mechanical violence, we will carefully observe her constitutional symptoms, and administer such drugs as are calculated to preserve an equilibrium of the vital forces. Usually, small doses of chlorate of potash, to guard against the development of sepsis from absorbed putrescence, will be all required.

Long-continuing lochial discharges often prove persistent and formidable obstacles to recuperation after abortions as well as after labor. Hamamelis, sepia, erigeron, and, best of all, *ustilago maidis* may be thought of here. Ergot is not usually of much avail.

A tampon may consist of raw cotton, of old muslin or linen, if clean, or better of carbolized cotton. To introduce, seize a pinch between the thumb and finger, dip in warm water, to which a little mild soap may have been advantageously added, squeeze dry as possible, and crowd into the vagina. Follow this with another in the same manner until the vagina is full. The sphincter will usually retain it while the patient is in the recumbent position. It should be removed in twenty-four hours and another introduced, if the presence of fresh blood still indicates its need.

I sometimes employ the tampon as a temporary measure in menorrhagia, where the excessive discharge refuses to yield to drugs.

BLACK SILK INSTEAD OF WHITE FOR SURGICAL LIGATURES.

BY F. CORNWALL, M. D., SAN FRANCISCO, CAL.

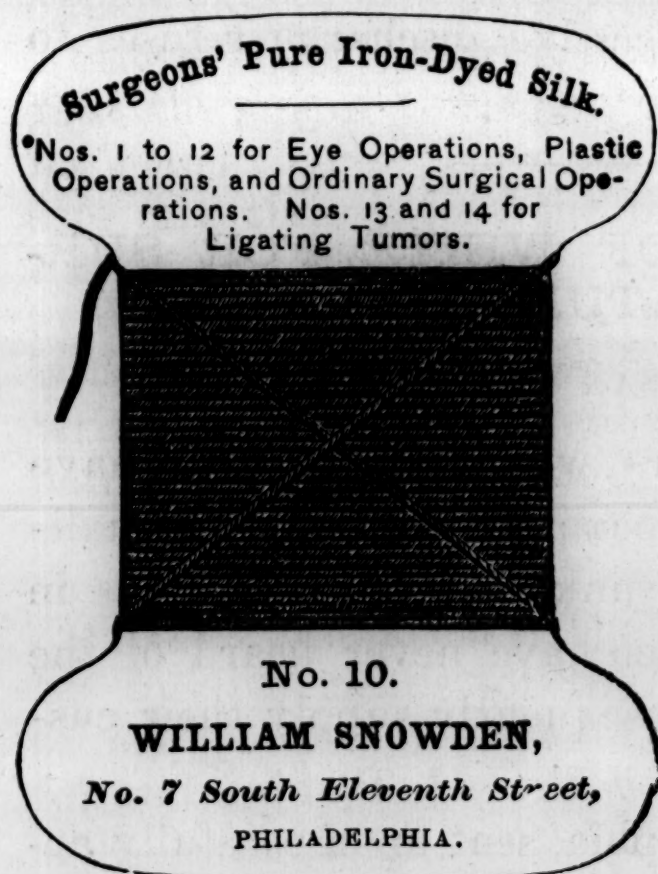
IN the great surgical centers white silk sutures have passed out of use, but in many localities the superior qualities of iron-died black silk are unknown. Our dealers in surgical supplies in San Francisco have never heard of the use of the black thread, and consequently supply their customers with the white silk.

William Snowden of Philadelphia, sent me a carefully arranged series of sizes of their "Pure Iron-Dyed Surgical Silk," which, I have every reason to believe, fulfills every

thing claimed for it by its manufacturer. Prof. William H. Pancoast, in the *Medical Bulletin*, says the following:—

For several years past I have been in the habit of using black silk ligature, and for the past six years an iron-dyed black silk. Its value I have demonstrated upon many occasions in my public clinics, and it has been reported upon in the medical journals, but I am earnestly requested to give a more detailed account of it.

I was first led into its use by noticing in plastic surgery, and in operations upon the eyeball, that by employing the finest black silk from a lady's work-basket, the indications needed were best fulfilled. When flaps lie neatly and easily together, requiring simple, accurate juxtaposition, without any strain upon the suture, or where it was required to find the suture easily, a fine black silk ligature was strong enough for the purpose of support, and its color rendered it much more easily found, without the necessity of hunting beneath a seat or tearing flaps open. A pure black silk suture would cause very little irritation in its track, while a pure white silk of the same calibre would not only cause inflammation, but would become buried in the discharge and often hidden from view.



Iron-dyed silk as furnished by Mr. Snowden, on reels.

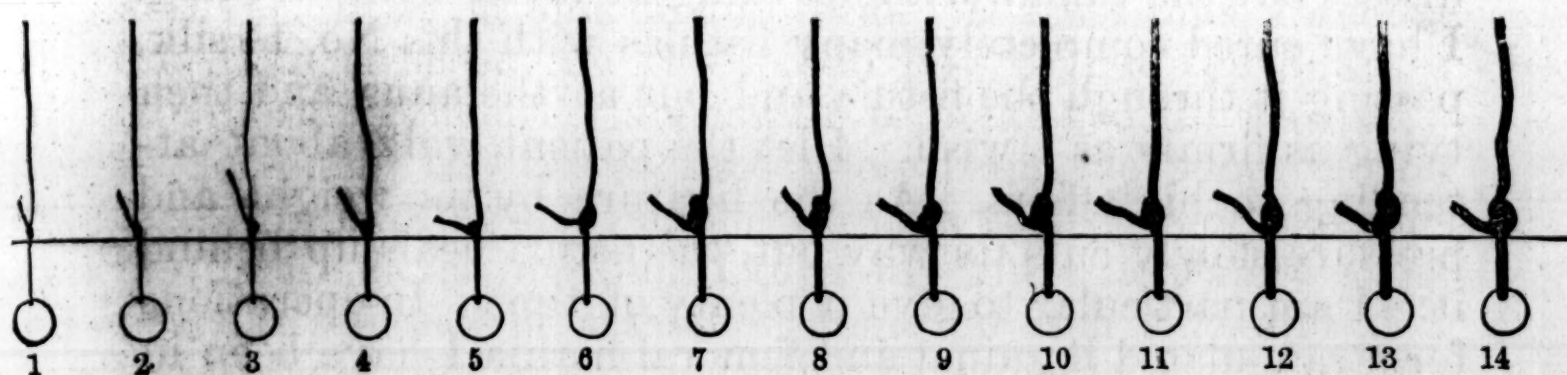
On inquiring among manufacturers of silk, no pure white natural silk could be found. The natural hue varied from yellow to a dead white, the bright white color being produced by a lead dye. I believed that the lead was the cause of irritation, and had some pure silk dyed with iron, which is fixed in the silk, and the silk finished with acetic acid.

I also remembered that silk is an animal ligature, and that if properly prepared it might fulfill most of the requirements of the animal ligature.

With the assistance of Mr.

Wm. Snowden, instrument maker, No 7 South Eleventh Street, various sizes of this iron-dyed silk were made, as shown by the card, from No. 1, the most delicate, to No. 14, the strongest.

This pure iron-dyed silk of these various sizes I have now been using with great satisfaction in clinical and private operations for the past six years. The finest sizes are employed in plastic surgery and delicate operations, where great strength of the ligature is not needed; the medium sizes for ordinary operations, and the strongest when great strength of ligature is required. There is no stronger silk ligature than No. 14, and with it I have lifted heavy weights while testing its strength. Every surgeon appreciates the satisfaction of having a ligature upon the strength of which he can depend. The ligature silk is round, not plaited, strong, cheap, well finished, and durable.



WILLIAM SNOWDEN,
Philadelphia.

In my operation for varicocele, which I have performed successfully at least three hundred times, I ligate the veins subcutaneously, tying the ligature No. 14 over a metal plate about the size of a silver dollar.

I remove the plate as a rule in three days and withdraw the ligature. The shortness of time and success of the operation, I think, is greatly due to the strong ligature. I tie the veins as tightly as I can at the first operation, feeling confident that I may use all the force needed without fear of breaking the ligature. This first tie does the work. The soft veins are thoroughly crushed against the large metallic plate, and the consequent inflammation soon causes the effusion of the necessary plasma to block up the veins, the presence of this lump of plasma being an evidence of the cure by the destruction of the veins. The loop of silk which

comes away is always very small, and contains only a small shred of cellular tissue. This subcutaneous ligature, with the strong ligature, is a certain cure, and my patients prefer it to the amputation of and shortening of the scrotum with the accompanying dangers of inflammation. The shortened scrotum after all must stretch and is only a support to the veins like a bandage, without curing the disease, the enlarged veins. This large, strong ligature is good for tying hæmorrhoids, if one prefers that form of operation. I use No. 14 for tying bleeding masses anywhere that I want strength. Some fifteen years ago I devised a bloodless way of dissecting out varicose and other tumors. I pass large, strong steel pins of the size of those with which ladies fasten on their bonnets, six to ten inches long, through the base of the tumor, and then, encircling the tumor beneath the pins, strangulate it with this strong ligature. I can then easily dissect out the tumor without being annoyed with bleeding. I have cured completely many fistulas with this No. 14 silk, passing it through the fistula and out at the anus, and then tying as firmly as I wish. I let the patient walk about attending to his affairs. As the ligature by its weight and pressure slowly cuts its way out, the fistula heals up behind it. I am particular to give it plenty of time. In operations for strangulated inguinal and femoral hernia I have been in the habit, after returning the healthy bowel, of sewing up the deep facial margins of the ring with medium strong black silk, sufficiently to prevent a protrusion of the bowel, and then bringing together the overlying soft parts, skin and superficial fascia, with other interrupted sutures. The deep sutures I leave without any concern. Sometimes they become enlarged, and sometimes they are discharged in the pus, after having remained long enough to help to close up the depth of the wound. In inguinal hernia in the male, on drawing the margins of the external abdominal ring together, I am always careful to leave room enough for the spermatic cord.

I once performed this operation on a baby boy about a week old, born with double strangulated inguinal hernia. One hernia I reduced after a hot bath, the other I operated upon and sewed up the wound as stated. The operation was a success, and the patient is now a strong young man.

As silk is an animal ligature, it never disturbs me if it does not come away, whether in a deep wound or the ligation of

an artery. If it becomes encysted, it will give no trouble; if any irritation arises, it will be discharged in the pus. The finest ligature, Nos. 1 and 2, I have frequently left in the face for weeks, on one occasion for six weeks as an experiment. While the pure white silk sutures sloughed out or had to be removed, the fine black ones remained without exciting inflammation. Even after the wound had completely healed, the little black suture could be seen and turned around in its bed without producing irritation.

The black silk is used by me freely in all scalp wounds where formerly I always employed silver. Silver or iron sutures I only use when there is weight or strain, as in big heavy or tense flaps, then I prefer strong wire to make a ring on the same principle as a ring in a pig's or bullocks' nose.

In the operation for hare-lip I depend upon the black silk, and very little on pins of any form. If I use pins, I generally take them out on the second day, or cut the ligature from around them. I am careful to make the lip tie easily by loosening the cheek flaps freely from the bones of the face. In making my incision through the edges of the gaping fissure of the hare-lip, I turn my knife delicately so as to make an apex of a small triangle on each side, and as I bring the knife down I save the flaps, made as Malgaigne suggested. The edges of the wound I then draw neatly together with the fine silk Nos. 2, 3, or 4, sewing together even the mucous membrane. In some cases this is all that is needed. In the severe forms of hare-lip, I strengthen the flaps with another stronger black suture outside of and to support the first, or use a toilet pin, or insect pin, wrapping Nos. 12, 13, or 14 around the pin ovally, not in a figure-of-eight form. This last I cut away on the second day, generally, to examine the lip and prevent excoriation by the pressure of the ligature soaked in the discharges. If needed, I apply a ligature in the same way for another twenty-four hours. I think my success in this operation is greatly due to my being able to closely unite the edges of the incisions by this fine and non-inflammatory silk.

SUMMARY.—Iron-dyed silk ligature is the best and cheapest for general use.

It is round, not plaited, well finished, and durable.

Can be waxed, oiled, or carbolized.

Can be readily seen.

Is not inflammatory.

Nos. 1 and 2 will remain in the flesh a long time without causing irritation.

It is the best for plastic surgery.

Is the most delicate, strong ligature.

No. 14 is as strong as ever needed.

Three or four turns of the silk, what I call a splint turn, will hold itself a long time; on this a second knot makes a splint, lying like a splint over the edges of a delicate wound.

Does not soften and loosen itself as catgut does.

Philadelphia, 1100 Walnut Street.

NOTE.—A sample card of the iron-dyed silk (14 sizes) will be sent by Mr. Snowden to any address on application.

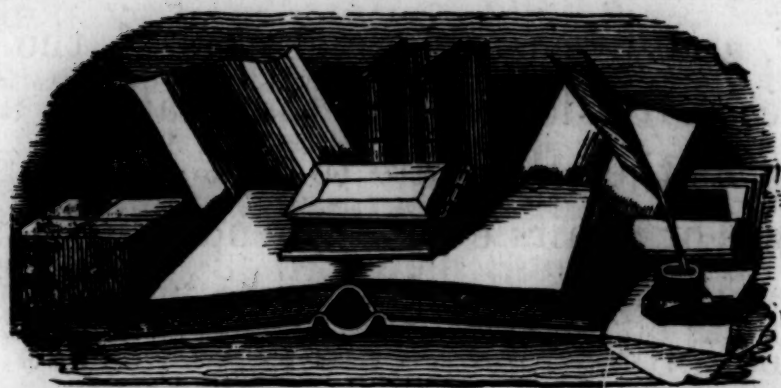
CRITICISM OF AN ARTICLE BY EZRA PETERS,
M. D., IN OCTOBER NUMBER OF "IND. MEDICAL INVESTIGATOR."

I HOPE that the Doctor will receive my criticism kindly. As eclectics are accused of being illiterate, it stands us in hand that we be free from the accusation. I do not wish to be understood to be a stickler for so small a matter as the spelling of words, yet medical technicalities spelled wrong are so greatly suggestive of unfamiliarity with the subject written upon that it becomes a guide by which we estimate the calibre of an author.

Medical teachers, of all medical men, should be able to spell medical terms correctly, and give the proper Latin terminations. He says: "Chronic inflammation of the *tympanitic* membrane." I believe there is a recognized difference in medical lore between tympanitic and tympanic. The membrana tympani is called *membrani tympani*, and the same form is used for the singular genitive as for the plural. Ossicles is spelled *osicles*, and exostosis is used where the plural should have been. There are other smaller mistakes in orthography for which any one might get forgiveness, and their mention will be omitted.

If the Doctor lectures about the tympanitic membrane, and the *membrani tympani*, his pupils may laugh at him.

F. CORNWALL.



EDITORIAL.

Medical Pirates.—In some respects the profession has woefully fallen, in these latter days, below its old level. One of these departures is in the standing which it now possesses before the public as an *honored* profession. Formerly, in the olden time, the physician stood high in public estimation. To be a physician was to be an honored gentleman, to whom all classes pointed with pride and respect. “But, alas, how have the mighty fallen!” In many communities medical men furnish material for much of the gossip of the mongers in such trade, and are the butt of many a jest and by-word.

For this the profession is itself to blame. To be respected a man must conduct himself so that he can respect his own actions. The bitter feuds between schools, inaugurated by allopathy and perpetuated to a certain extent by all, have built up clans or followings in almost every community, which delight in nothing more than to hold up the weak points, real or imaginary, of the unfavored medical man in their most ridiculous aspect. Every medical man has his friends, and he is professionally almost a nonentity if he have not his enemies.

Medical men take no pains, as a rule, to discountenance such a state of affairs, but rather encourage it. Thus the

public has grown into the habit of lauding or condemning its physicians, much as a set of jockeys would competing racers, though with far less capacity of discrimination, as a rule. To add to this, the morals of many medical men are not above par, and respectable members of the profession, through the necessary demands of their calling, are as often liable to unjust as the others are to just suspicion.

Will this state of affairs ever be mended? Will the medical profession ever again, as of yore, be what it purports to be—an honored profession? This is a question admitting of much discussion, *pro* and *con*. Some may argue that when the barriers of codal restriction are thrown completely down much of the spirit of rancor will subside; that there will then be less clannishness, and more liberality and forbearance.

But we must not forget that strife is sometimes bitter among members of the same professed faith, and this is liable to be more rancorous than that originated by schools. The great difficulty is, the crowded state of the profession conspires to the origination of a mercenary spirit, which possesses too many, and prompts them to take advantage of every circumstance which may add to their reputations or pockets, in defiance of justice and honor. So general has this become that many a man has deserted the profession in disgust rather than resort to "the tricks of the trade."

There is a class of men who could not enjoy life in the practice of medicine were their hands not turned against every other professional man. In their eyes the robbing of an honorable and gentlemanly neighbor of a patron by any means, fair or foul, is the acme of success. Such men have no shame, no pride in manly dealing, no souls. They unscrupulously convert to their own benefit the best thoughts of their betters, and cunningly cover their tracks so as to make it appear that they are the originators of all correct ideas and successful practice. They hob-nob with their patients, and poison their minds against even their best friends

in the profession, for fear that some time they may slip out of their clutches and go over. Many other detestable tricks they perform under cover of the pompously inscribed title, "M. D.," which, had their just deserts been consulted, would never have been conferred.

Such men are medical pirates. They sail upon the professional sea, under the black flag, seeking whom they may devour. They may accumulate a little ill-gotten gain during life; but the light in which they will be estimated by the best thought of a community will be anything but flattering. A gentleman may be a physician, but a physician is not always a gentleman.

A friend not long ago related a recent experience with one of this class. This man having been called to examine a case upon which he knew himself incapable of expressing an able opinion, carried certain pathological products to our friend, and begged his assistance. Considerable reputation hinged upon a correct diagnosis, as several medical men of no mean local reputation confessed their inability to account for the symptoms. Our friend subjected the specimens to a critical examination, and informed him that it was a case of melanosis, and that no favorable prognosis could be made. This was the verdict given by the physician upon his return to the case, which was at quite a distance away; and, as it was loudly scouted by others who had attended, a *post mortem* was insisted upon after the final issue, some time afterwards. To this our friend was not invited, for fear probably that it would leak out who really diagnosed the case; but it was conceded that the diagnosis was correct, and the proxy became the hero of the hour, and spared no pains to sound his own trumpet lustily, while no credit nor thanks were ever given to him to whom all the credit was due, though both were eclectic physicians and near neighbors.

The pirate in this case, as usual, professes a great amount of medical lore, though he demonstrates an asinine stupidity by speaking knowingly of the "*incontinuanee*" of urine

in children, and making other equally as absurd expressions in the presence of allopathic physicians, to herald his bombastic ignorance, and disgrace respectable eclectics, while he manages to be a black sheep in the home flock. Oh, Jove! where are thy thunderbolts!

We are no stickler for that sort of sentimentality which would deal kindly with others who were openly opposed and seeking our downfall, as is many times the declared policy of allopathic practitioners; but an eclectic who has not the manhood to keep faith with his own friends is a little too mean to live. He should be gathered to his fathers.

A number of classes of medical pirates might be described. Prominent among them, because more than commonly detestable, ranks Sam Slick's "praise-the-Lord" class. These men will almost always be found in the popular church, and they will usually lead off in every measure calculated to bring credit to themselves and further their individual interests. Their prayers will usually be long and loud, but the weather eye is always open for the main chance. Friendly calls upon other men's patrons when ill, afford rare opportunities for stealing cases; and though nothing may be said which could be considered an out-and-out slur upon the absent physician—for that would be overstepping the bounds of policy—knowing looks, hesitation about indorsing present measures, pious suggestions, and other sly cuts sometimes prove successful in proselyting gullible patients. Sometimes, and not seldom, such men resort to misrepresentation and downright lying to further their unrighteous ends.

We have a great amount of respect for genuine belief in any faith consistently followed, when it does not prove harmful to others, and would not be understood as making war upon so solemn an affair as genuine religion; but fear of this shall not debar us from expressing disgust for all hypocrites. Severe though it may seem—and Holy Writ

justifies the belief—some day such men will be handled with hot tongs.

But we are going too far. We must desist. It has been said that the state of a writer's digestion may often be determined by the character of his effusions. It must be confessed that the editorial stomach has been guilty of recent short-comings. Nevertheless, many of our readers will more than half bear us out in this tirade.

Climate of the Pacific Coast.—"The Doctor on a rampage goes; no one cares and no one knows." Last month we informed the JOURNAL readers that we were going to the mountains on a hunt. We failed to find the grizzly of which we spoke, hence we are here; otherwise we might have been mince-meat. Professor Crowley, of Oakland, and Doctor Keating, of Monterey, were our companions. When our ten days were up and we started for home to again resume our professional responsibilities, we regretfully bade adieu to our beautiful camp in the redwood forest. Our professional dignity we had left at home with our *good* clothes, and we let ourselves loose to run wild for a time. Untamed Nature surrounded us in her sublimity and beauty. The great, silent forest, the roar of the distant ocean, and the splashing water-fall charmed our senses. The excitement of the hunt furnished us with employment and amusement.

When the mind is pleased the body is also. Our vital processes took on new activity; our endurance for physical toil increased, and with it a capacity for partaking of aliment truly surprising. Steaked venison, beans, bacon, honey, and hard-tack melted before us like snow before the south wind. We drank incredible amounts of cold spring water. The labor to be performed climbing precipitous mountains after deer is very great. The perspiration poured off of us as from a harvester. This was a great surprise to

our dermoid member. The city man who sits all day long in his office, or rides in his carriage, scarcely ever excites this emunctory. The kidneys and the bowels do part of the work of the skin, and by this they are overburdened.

There is no place in the world where roughing it for recreation or health can be so pleasantly and profitably indulged in as in California. It can be had in any degree possible to suit the taste or the necessity of the individual. A nice kind of a fellow may shrink from the self-imposed hardship of the deer or bear hunt, but may find ample amusement and exercise in search of the wily mountain trout or the innocent quail. We are an advocate of this kind of recreation; Americans have too little of it. If each business or professional man would spend a month out of each twelve in this way, he would accomplish much more in the remaining eleven than had he worked the whole year; besides, life will be prolonged and made more enjoyable by its variety. However charming may be many of the elements of cosmopolitan life, without a change the individual becomes surfeited; existence becomes irksome and insipid.

There are some whose lives are a burden, and others who are likely to get rid of the burden too soon. If either of such class are of the city, and are carefully nurturing their delicacies within the comforts and luxuries of a modern home, we would advise them to go thither and find them a mountain home. If they are sufficiently strong to withstand the fatigue of travel necessary to get at such a place, they may certainly regain some of their former vigor. The means of living are not wanting. A cattle or bee ranch can be run profitably, and without much hard labor. The *bee business* is especially to be commended, as it pays a very large per cent. on the investment, and furnishes recreation for the mind, as the propagation and management of them is very interesting.

Faradism in Disease.—A little tact will enable the physician who understands the principles involved to operate almost any good faradic machine effectually. We would not advise any one, however, to invest in a frictional battery. Saying nothing of the need of an assistant to turn the crank, the current is so unsteady, harsh, and unpleasant as to render the kind objectionable. One in which the induced current is generated by galvanism is far preferable. As there is nothing gained by investing in cheap Johns, we would advise the purchase, in the start, of a good Kidder apparatus. We regard this make as equal to, if not better than any other we have ever used. In some respects it is to be preferred above all others.

One point in the management of a faradic apparatus not to be forgotten is that the connections should always be kept polished if we are to expect it to afford a current that will render satisfaction. Any one who expects to keep his machine in running order without giving it proper attention will find himself sorely disappointed. Let the conducting wires which connect the galvanic pair with the helix or coil become corroded at their extremities, or let rust accumulate between the interrupting hammer and its magnet, or let the terminals of the conducting cords become greasy or soiled, indeed, let there be any condition opposed to cleanliness and brightness existing at the points of connection, either along the course of the faradic or galvanic circuit, and if it does not prevent the passage of the current entirely it will very much impair its force. Attention should be given this matter frequently, as the inevitable result of the galvanic current is disorganization and corrosion. Plated surfaces may be brightened with a bit of chalked chamois skin, or with a flannel cloth and Spanish whiting, or some other polish adapted to the cleaning of plated ware. Copper terminals may be brightened with fine emery paper.

Another point to be recollected is that dampness impairs the working qualities of a machine. Let it be in ever so

good order for work, and allow it to remain in a cold, damp place for some time, and it will operate with little vigor if it generates any current at all. A good warming for an hour or so by the stove or in front of a grate will then revive it appreciably. It is best to always keep it in a dry, warm place, especially in a dry place, and keep all its parts bright and clean.

The conducting cords are a matter of some consideration. The insulation of the current is sometimes an important essential, and then we would employ silk-covered conductors. These will be indispensable when treating portions of the body in such a way that other exposed parts are liable to be touched by the conductors. To get a fair amount of usage from these, care should be taken that they are not dampened much, for this materially impairs their conducting qualities. After a time they may refuse to do duty from the fact that the turn about the metal terminus has become worn out. Then the covering should be removed for a little distance, the worn extremity of the core or conductor cut off, and a newer part attached as before.

These may appear as uncalled-for directions to many who possess some familiarity with the management of batteries; but we know that many are such complete novitiates in these matters that the minutest details will not be thrown away.

Where economy is an important item, copper wire may be employed in the place of the insulated conducting cords. Indeed this may be insulated with small-sized rubber tubing so that the higher-priced conductors will possess no advantage over it. As regards conducting qualities the wire is much to be preferred. A size about that of an ordinary knitting-needle answers well.

We will now devote a little space to a description of Kidder's machine, a cut of which we have before us. For frequent use the tip battery, such as is represented in the cut, will be preferable to any other. Directions for prepar-

ing and operating these machines accompany each, so we will not devote space to this except to caution the novice about the preparation of the fluid in the battery cell. As the union of the sulphuric acid and water is attended by the evolution of heat, it is best to combine them in some earthen vessel and allow the mixture to cool before pouring into the tip-cup, as this may be broken by the heat evolved, and is not readily replaced. Now, the connecting wires should be attached so that the platinum will be in communication with the positive post on the back of the helix or faradic attachment, and the clamp connecting the zinc plates with the negative (these being marked respectively P and N). Now all that needs ordinarily be done in order to set the machine in operation is to place the cell upright, though if the fluid be old or the connection not bright it may be necessary to turn the thumb-screw, regulating the stroke of the hammer backward and forward once or twice, and even flip the hammer to set it in motion. To stop it the cell should be tilted over to the left, upon its side, so that the fluid will pass into an extra compartment away from the battery elements.

Placing the machine before us, we find a row of posts along the front of the helix, which are lettered from left to right, A, B, C, D, E, and in order to get out of our machine all there is in it, so to speak, we must understand the proper manner of attaching our conductors in correspondence with the variety of cases we will chance to be called upon to treat.

Two of these posts, namely, A and B, are positive, the remaining ones being negative. A or B may each, therefore, be combined with either of the remaining posts to afford a current of peculiar quality, each being adapted to some special class of cases.

The most frequently used combination will be the A D current. This is adapted to all cases requiring the tonic treatment, and to local applications where extremely sensi-

tive parts are not concerned. In applying it, the tube which modifies its force should be well pushed in until the effect is noted, and then gradually drawn out until the patient decides that it is as strong as can be borne. (Some people are much more susceptible to the faradic current than others.) Or what we consider an excellent plan is for the operator to test the current himself by having one electrode upon the patient while he himself holds the other in one hand and lightly touches some exposed part of the patient with the other, thus testing until the current is properly regulated.

Sometimes the A D current will not be strong enough to cause muscular contraction when an electrode is moved over paralyzed parts—an effect quite desirable—even when the tin tube is drawn entirely out, and it will be wished to still further increase the power. To do this add a handful of common salt (chloride of sodium) to the bowl containing the water in which the sponges are being moistened.

A novice in applying a current of this kind is very liable to be severely shocked unless he exercises care not to seize hold of both electrodes at the same time. Such a current is not to be trifled with, and though nothing serious would result, its sudden contact might render him a laughing-stock for the patient, giving rise to antics which would almost excite the risibles of paralyzed facial muscles. There is no danger that the operator will receive the current if he observes care not to hold but one electrode at a time. This he may do and apply both by using the wood-handled sponge holder in one hand, which thus serves as a non-conductor and places him outside the circuit. Let it not be forgotten that the sponges should always be moistened. A dry sponge is a non-conductor.

But suppose we wish to apply the current to a child where the A D combination would be too strong. We will here find the A C combination milder, and by drawing out the regulating tube it may be increased to answer the

purpose. This combination also answers well in treating pericranial pains and in faradizing the eye. Sometimes where the zinc plates are considerably worn away this combination will not be strong enough, and we will need to use in its stead the A D combination.

But suppose we have cases where even this causes unpleasant sensations, we still have a milder combination. This is the B C current. This we will employ in faradizing the ear and for the treatment of the urethra or any other extremely sensitive part.

The A E and B E currents have reputations of being the soothing combinations *par excellence*. Extremely irritable states of the eye, for example, or, indeed, of any part, demand this combination. But we have sometimes questioned the advantage of this over the others where the positive is applied to the sensitive part.

All combinations may be modified by turning the switch backward, which will be noticed in front of the vibrating hammer.

Thus it will be seen that this machine is adapted to a large range of cases. By proper management a current strong enough to arouse contraction in muscles almost completely paralyzed may be generated with it, and all gradations from this to one tolerated by the most sensitive part. And this is what we want in order to succeed.

The stroke of the hammer is regulated by a thumb-screw, which may occasionally need adjustment. This may be accomplished very easily. The screw should be turned often, as its bearings are liable to become corroded. A hint in this direction would be an irregular sound of the interrupting hammer. Turn it alternately backward and forward until a smooth, steady motion indicates an even flow of the current.

We find that we have already trespassed upon space which properly belongs to other topics, and must, therefore postpone further remarks until another time. These arti-

cles may be somewhat rambling in character, but we hope the reader will be enabled to occasionally pick up a useful hint as he goes along.

To Those Who Anticipate Studying Medicine.—It is a conceded fact that the profession is becoming crowded, so much so that practicing physicians are loth to advise young persons to enter it. Colleges are multiplying, and the requirements are not being raised as rapidly as might seem from the great stir there is about the matter.

It can but be in the future that many medical men who have had good educational advantages will find very meager support from their professions. The great number of these physicians, however, are allopathic, and they, as a matter of course, will be the first to suffer. In every community there are a goodly number of persons who prefer to be treated by eclectic methods. The prejudice against the old school has formed in America by their abuse of mercurials and other harmful therapeutical agencies in times past, and from the fact that doctors of this school, however learned they may be, are not practical therapeutists. Their bent of mind is toward pathology and diagnosis, to the neglect of the practical empiricisms which make the successful physician. The eclectic, on the other hand, has been an ardent student of materia medica and therapeutics, and hence he is the most successful physician. The allopathist has learned by his methods of research that organic diseases usually run a certain regular course, and this is the consolation he has to impart to the sufferer. The eclectic has studied the action of drugs and other agencies on the organism, in order that he may relieve certain demonstrations of disease called symptoms. He studies pathology with an eye only to the remedial agent which may mitigate or cure, and in this way prolongs life, lessens suffering, and cures curable affections. The incurable ones are benefited by relieving or repressing the activity of

the pathological process, and thus life is made more tolerable. Scientific investigations in pathology may condemn a man to early death, while the rational therapist will give hope and prolong life.

In the ordinary town where half a dozen allopathists will half live, an eclectic physician with an equal amount of intelligence will do well. These are facts which may be attested by observation. Knowing this, we can conscientiously advise one who is intending to study medicine, to graduate in an eclectic school.

“What Is Wrong with Our Emmenagogues?”—Under the above caption some one set a ball rolling a few months ago, in one of our exchanges, which has given rise to a great amount of commotion among certain of the profession. The heading at once became a popular favorite, and under it more than one neophyte aired his erudition in matters concerning the female reproductive organs, besides many older writers who might have selected some other topic to better advantage. From the amount of attention devoted to it, it would almost seem, that the female sexual organs were among the new discoveries, instead, as reputed, of being about the last “find” of our common father Adam prior to the period of his stepping down and out.

Since so much has been written upon the subject, we are tempted to tell what we know about it, for though we may not add anything new we cannot fail to succeed as well in this direction as our predecessors, and we do so dislike to be out of fashion.

Some of those who have wrestled with it—we have not read all that has been written upon the subject, and Allah forbid—have seemed to think that reputed remedies ought to bring on the menstrual flow at the drop of the hat, no matter what the condition of the organism might be at the time. To such we would suggest that a modicum of com-

mon sense in their own make-up would be far more preferable than all the instruction that medical journals could impart for an age upon the present status of the emmenagogue question. A physician who could expect remedies to bring about the menses when the organism was incapacitated for furnishing the proper amount of expenditure, would be capable of expecting blood from a turnip.

The incipency of phthisis, the condition of the female system known as chlorotic anæmia, and many other impoverished states, demand, not emmenagogues, but that kind of treatment which will improve the reparative forces of the general organism—innervation, digestion, and assimilation. Let these be attended to and never mind the emmenagogues. The reproductive organs are capable of taking care of themselves in a large number of cases. What ails the emmenagogues in many hands is that they are too much tampered with. Physicians would often have more credit and the patient better health if less were prescribed and still less taken.

There certainly are cases where the emmenagogues find their legitimate sphere, but the difficulty in succeeding with them lies not so much in want of the possession of the proper ones as in the need of a correct knowledge of the adaptation of the remedy to the case in hand. No rational physician would expect a stimulant to promote the menstrual flow where there was already an excited condition of the circulation in the organs themselves or in the nerve centers which preside over them. What we need to know better is the manner in which certain agents impress these structures and the symptoms that arise from stated pathological conditions. When these are more carefully studied and better understood, there will be less need of inquiry as to what is the matter with our emmenagogues.

But there is a class of physicians interested in this query from more than honest motives, who imperatively demand that the menses shall put in an appearance *nolens volens*.

And their patients demand it, too, in return for a fat fee paid in advance. To them the matter is a pressing one, and there is not much time for general treatment. In fact the general health is often too good. The exigencies of such cases demand very positive measures, but we will not spare room to particularize, for the list of agents is pretty well known to all, even the *dernier* resort of steel in stilette form administered per vaginum.

But we cannot commend the use of this class of agents to our readers. Unfortunately, many a physician who would scorn to do an illegal act for money alone has yielded to the promptings of friendship or to a chivalrous inspiration and more than assisted nature in promoting the menstrual flow—performed a vicarious function and placed himself at the mercy of those whose reputations he has sought to sustain.

“All’s well that ends well,” but not always has it been thus. On more than one occasion has a direful climax wrought woe and ruin to such men. Over an exsanguinated and expiring victim doctor and death have fought for mastery until, exhausted nature yielding, the pale spectre prepares to depart with his booty. Then it is that the doctor may become the unenviable principal of a terribly impressive and appalling scene. The dying victim of her own folly, losing sight of the eternal fitness of things, may become a Nemesis to point the finger of accusation at him, and, before a cloud of witnesses, declare in tones emphatically thrilling for being perhaps her last utterance, “*Thou art the man who did the fatal deed.*” Reader, may never such a lot befall you!

And now, in conclusion, we ask: Has not this emmenagogue subject been pretty well canvassed? Has it not, indeed, been hackneyed to death? Out of the entire mountain of material recently contributed can there be dug one gem of original discovery, one idea not before recognized by the mass of the profession?

The whole business would naturally remind one of the outcome of Farmer Jones' new departure in domestic economy inaugurated by the shearing of his porker. "Great cry and little wool."

Ague.—"Oh, fudge! It is no trick at all to cure ague!" remarked a young physician the other day. "I never allow my cases to return after once interrupting them." Such bombast always heralds a man's inexperience, or else proclaims him a knave. The honest physician with any considerable experience will admit that chronic ague is often likely to puzzle the wisest of heads. Malaria has been uncommonly obnoxious in some localities for the past few months, and some cases of ague have proven more than ordinarily difficult of management; and though new ague specifics are coming into repute every now and then, all fail when the system has become thoroughly imbued and habituated to periodical visitations from this—something; what is it?

Recent cases without complication are readily relieved by anticipating the chill a few hours with anti-periodic doses of quinine, after the secretions have been established. To prevent a recurrence, one or two-drop doses of Fowler's Solution, repeated two or three times a day for a few weeks, will usually suffice to effect a permanent cure. The sedatives can often be employed advantageously in preparing the patient for the quinine, gelseminum being preferred unless specially contra-indicated, though aconite may be combined with it to good profit. Gelseminum is of itself opposed to malarial poisoning. Sometimes arsenicum does better in attenuated doses than in those named. We have derived good effect from the second and third decimal attenuations of this drug.

But this treatment will fail signally in complicated cases, unless the complications be first removed. Probably hepatic

difficulties are as common as any we will encounter. These must be remedied if we are to promise immunity from chills after they are once interrupted. *Chionanthus* is one of our best remedies in cases where the biliary cells perform their function tardily. Two drachms of a fld. ext. to a four-ounce vehicle, of which a teaspoonful may be administered four or five times daily, constitute about the proper amount. Sometimes, where there appears to be a lack of innervation, half a drachm of fld. ext. of *nux*, or an ounce of fld. ext. of *avena sativa* may form a part of the combination. A lack of the salts of soda is often an obstacle to the proper action of other remedies. Where this exists, we have the pallid mucous membranes and white coating upon the tongue. If the coating is pasty, and the tongue too large (broad and flabby), the sulphite is preferable. Such complications being removed, anti-periodics act more promptly, and arsenicum and other anti-malarials prove more positively curative.

In some cases the patient is chilly continually; the extremities are hardly warm at any time; the countenance lacks expression; the eyes are lusterless, and there is dull headache and dizziness. Here we have a case where good effect may be expected from small doses of belladonna. We dilute a reliable preparation with nine times as much alcohol, and add ten drops of this to half a tumbler of water, ordering a teaspoonful every two hours while the patient is awake.

Thus we might go on describing particular indications for special agents; but we suppose our readers are already awake to the importance of selecting the special treatment for the individual case, and therefore will not consume space by repeating what has already been pretty well taught.

But there are some cases of ague upon which ordinary plans of medication will be thrown away. We have encountered several of these. One in particular, which occurred a couple of years ago, made an impression not yet effaced.

This case had been in the hands of a prominent allopath for more than six months, and had swallowed all kinds of reputed ague cures, from quinine to Warburg's Tincture, containing fifty or more ingredients, and yet the patient's unwelcome visitor, Mr. Shake, came around much more promptly and enthusiastically toward the end than his medical attendant. Finally it was decided, after a family gathering, to change doctors, and the writer became the unfortunate recipient of the new bestowal of favors.

Of course we had to promise the patient something, but we did it with inward fear of ignominious failure, for we had had experience with chronic ague before, and knew that it was no respecter of persons or schools of medicine.

The only peculiar symptoms noted, after a careful examination, were an uncommonly dry and harsh condition of the skin, and a tendency to the eructation of gases. The tongue was rather, though not markedly pallid, and there was a dirty-white coating at the base. The chill had been coming on every third day for several weeks.

In order to promote more moisture and elasticity to the skin, baths and fatty inunctions were ordered, in connection with small doses of aconite and veratrum. Chill-time was anticipated several hours by large doses of quinine. Sulphite of soda was also administered with a view of correcting the excess of acid, which was supposed to be the cause of the eructations; and to further invigorate the reparative forces, tonic faradic treatments were employed twice a week. But all this proved of no avail. At most, the chills would only move off a few hours; and after a while they came twice, instead of once, every third day, and they were harder than ever. Then arsenicum, picrate of ammonium, and agaricus were tried in detail, and all found wanting. In a couple of weeks it became evident, though the patient made no complaint, that in his own estimation the change had been "from the frying-pan into the fire." As for ourselves—well we had nothing to say.

Whenever we visited the patient, that pesky belching was always present, and it finally developed an original idea, acting upon which we decided to call the digestive apparatus to account for the whole trouble. A course of emetics was thereupon inaugurated and persevered in for several weeks, the first three or four being followed by alcoholic vapor baths, in order to more thoroughly impress the general system and moisten the skin. These were repeated every second day for the first week; then twice a week for the next fortnight, and once a week afterward. The patient soon learned the plan of administration, and, aided by his wife, employed them as directed, the process being repeated upon any premonition of a chill. No decided attack was experienced after the beginning of this plan of treatment, and the patient soon became, as before, a robust man.

Some cases of chronic ague can be cured by the alcoholic vapor bath, administered immediately in the beginning of a chill, continued until the patient is thoroughly warm, to be packed in bed for a thorough sweating, and this procedure repeated every time an attack recurs. Faradism is a good remedy where the blood circulates freely all the time, and where there is lack of digestive and assimilative power.

Our advice to any one who has become imbued with enough of malarial influence to perpetuate ague, is: Get away from such surroundings as soon as possible. Better live on a barren mountain-top and breathe pure air than in Paradise with such company.

There's No Place Like Home.—The mania for things far-fetched and dearly-bought is general and wide-spread. No matter how intrinsically worthless an article, let its possession be difficult of acquirement, let it bear about it the charm of association with distant lands, and a high estimate is almost sure to be placed upon it.

In the obtaining of an education this same principle ap-

plies. Wealthy Americans often imagine they are doing a clever thing in sending their children to Europe for schooling—a move which not unfrequently results in the importation of ideas, customs, and idioms sadly at variance with the simple and unaffected ways of our forefathers, and often disgusting to the most experienced cosmopolite.

A sample of this is offered in the case of the girl at Long Branch whose education had shortly before been finished in London. "Me cawt, me cawt at five o'clock," she said to the family coachman, loud enough for a veranda full of people to hear. "Caught what, Miss?" inquired the man. Again the order was repeated, but still misunderstood. Lowering her voice, then, she said: "My cart, stupid! my village cart, at five o'clock." When civilization shall have advanced sufficiently far, the time will come that people will no longer "strain at gnats."

Apropos of this is the disposition, upon the part of some of our "medics" of the Pacific Coast, to cross the continent in search of professional lore. Distance lends enchantment to the advantages there supposed to be afforded. The old and experienced teachers and the great clinical facilities are exaggerated temptations in their minds to turn their backs upon home institutions and transfer their affections to far more uncongenial climes, where they learn too late that they might better have stayed at home.

Probably nowhere in the world are offered such superior natural advantages for the prosecution of medical study as in California. No air more effectually promotes the keen and clear performance of the cerebral faculties than the briny zephyrs which are wafted from off the Pacific, while the blandness of the entire winter contrasts very favorably with the inclement surroundings attending a winter in Eastern cities, say nothing of the heavy, muggy air, for feeding working brains. Dreary indeed must be the prospect to the lover of nature and the beautiful, who departs from the Pacific Coast in the fall and crosses the sear

and leafless space beyond its limits, when his mind reverts to the pleasant scenes behind. Not much wonder if, before the round of studies allotted is completed, he wishes himself back among the more congenial surroundings of his Western home.

The contrast is perhaps more fully realized by the traveler from the East, dropping down the western slope of the Sierras. From mountain-top to sea one continued ovation from gorgeous Nature greets his onward course. Mighty boulders, skyward precipices, and lovely valleys clothed in greenest verdure, often viewed from dizzy heights, and all the roughness softened by a foliage strange but charming, alternately break upon his vision; while over all, from azure depths of sky the clearest of the clear, the sun shines down with cheerful glow. Glorious California! Not fancy's fairest pictures of far-famed Italy can vie with thee in this reality of enchanting loveliness! Piny odors from the upper Sierras blending into rarer perfumes from stranger vegetation farther down, and still below the balsamy breath of the exuberant eucalyptus, tempered by the bewitching aroma of choice exotics, adds gusto to an atmosphere which sends life-currents tingling through his frame. Flowers of rare beauty, mingled with tropical foliage, greet his walks throughout the livelong winter—striking reminders of the chilling frosts which have swept out all such vestiges of summer in the distant East. A tropical clime, without any of the disadvantages of an extremely southern sojourn, thus contributes to the pleasure, comfort, and advancement of the student here.

We have attended some of the institutions of medical learning in the East, and have means of knowing whereof we affirm, and we freely assert that the clinical advantages offered by the majority of these are much more flattering upon paper than in actual reality. We are confident that when the California Medical College has a little more age it will be able to provide clinical facilities equal,

if not superior, to those offered further East. It now has made arrangements with and has a complete monopoly of the Infirmary of the County of Alameda, where the opportunities will be very much superior to what they usually are in such institutions.

It is conceded that the Faculty of this institution is composed of young men, but they are evidently not too young for able and successful teachers; not too young to possess a praiseworthy interest in the personal welfare and success of every student in their institution; not too young to own a commendable pride in its good name, and zeal for its future prosperity; not too young to build up and maintain a respectable college, in spite of the efforts of bitter allopathic and sorehead eclectic foes to the contrary; not too young to send out graduates to become able and successful practitioners, as present facts attest.

Why not lend all available aid to such worthy endeavors? Can it be hoped or expected that institutions of learning 3,000 miles away will ever be able to establish our practitioners upon a firm, respectable basis here, in the face of successful allopathic colleges? Can it be supposed that anything can be added to reputation by a medical course in the East, when the doors of a worthy institution stand open at home? Is it generous to turn the back upon home enterprises deserving and needing patronage, for a mere matter of caprice?

To you, reader, if you have contemplated a course of study in an eclectic medical institution, we propound these queries; take them home and ponder them well, and do not forget that we would be understood as remarking to you, as well as to every other Pacific eclectic, in the beautiful language of Payne, and which here possesses more than common significance: "Be it ever so humble, there's no place like home."

Pericranial Headache.—There might be several classes of headache described. One form is that in which active hyperæmia of the cerebral mass occasions the unpleasantness; another is that in which a want of a sufficient amount of blood in the brain—anæmia—may be the origin of the trouble. A disordered stomach may be blamable for one class. The woman with the affected uterus may ascribe her cephalalgia to that cause. But one of the most common forms of headache is that where the muscular and fibrous coverings of the skull are involved in a rheumatoid or neuralgic condition. We might denominate this pericranial headache.

In such cases the pain is not deep but superficial, involving muscles or groups of muscles about the head, and sometimes even descending into the face. These pains are occasionally peculiar in their manifestations, selecting a small muscle as the corrugator supercilii, or a small tendon as the tendo oculi, and lingering there for hours to the exclusion of other parts. In chronic cases the affected regions become very tender, scarcely admitting of the slightest pressure without eliciting complaint. Sometimes the tissues of one orbit are involved and the pain will lurk deep in its recess, occasionally attacking the eyeball, and giving rise to redness of the conjunctiva, lachrymation, contraction of the pupil, and photophobia, in addition to the severe pain.

If rheumatoid, macrotys and salicylic acid in alternation will usually prove curative. These may be combined or alternated. The positive electrode properly applied with a gentle current will often assist materially in effecting a cure. Sometimes, when the pain is severe, the local use of equal parts of chloroform and ether will afford relief until more permanent treatment has had time to act. A small piece of muslin folded to several thicknesses, moistened and applied over the painful spot, and over this a piece of folded flannel wrung out of hot water, quickly laid and left to prevent evaporation, is the correct thing. Melilotus alba, third dilution, has proved of good service to the writer

in past time, in some obstinate cases of periodical tendency. Rhus and bryonia both have some use here, though their value has been overestimated.

We hardly regard the relief of pains with anodynes as scientific treatment, for they neither remove a cause nor promote physiological function. Nevertheless they may sometimes moderate disturbed states of painful parts in such a manner as to result in subsequent immunity from discomfort. Ordinarily they impair the functions of the sensory nerves so that the patient is rendered for the time unconscious of the morbid condition existing, while general impairment of the vital forces results from their systemic influence. Thus the resisting powers are less able to endure the returning pain, for it is almost sure to return after the paralyzing effect of the anodyne is gone. Still, patients are often grateful for relief, however afforded, and if we cannot cure we must either palliate, a very simple matter, usually, or have the credit go to some one else, coupled with the report that we failed.

Dr. J. V. Lewis extols the following prescriptions very highly in this class of cases:—

R̄ Fl. Ext. Gelseminum,
Fl. Ext. Hyoscyamus, āā ʒi.
Bromide Potass. ʒi.
Aqua ad. ℥. ʒiv.

S.—Take a teaspoonful three or four times a day.

Or; R̄ Chloral Hydrate, ʒv.
Fl. Ext. Gelseminum, ʒi.
Aqua ad. ℥., ʒiv.

S.—Take a teaspoonful three or four times daily.

Rhus Tox in Facial Erysipelas.—We do not recollect of having ever seen any notice of the influence exerted by this agent in the above-named condition. We believe it merits attention. For years we have found it almost an infallible remedy for non-traumatic inflammatory affections involving the skin and cellular tissue about the eyes and

cheeks. We have employed it in inveterate cases of occasionally repeated attacks of facial erysipelas where the inception of an attack was supposed to mean a six-weeks' siege, with the result of aborting the difficulty in four or five days, and have repeatedly verified this statement. If there exists any rival to rhus in such cases, it is the agent recommended by homoeopathic authors, belladonna. Sometimes we alternate these agents, though rhus is capable of doing the work alone. For an adult, add ten drops of tincture of fresh leaves of rhus to half a glass of water; dose, a teaspoonful every two hours; or, alternate this with a teaspoonful from half a tumbler of water to which has been added ten drops of the first decimal dilution of belladonna. Erysipelatous conditions of the conjunctiva and sub-acute catarrhal states attended with little pain and much itching, may often be benefited with rhus as above prescribed.

For the Last Time we appeal to you in behalf of the State Society. We positively declare that there is important business to be transacted that interests every eclectic on the coast. There will, we hope, be interesting papers read, and a sociable time may be expected. December 13th is the day on which the society convenes, and it will be held in the city of San Francisco, in the year of our Lord one thousand eight hundred and eighty-three.

For fear that those who were appointed on committees may forget, we will again publish the list:—

TO THE MEDICAL PROFESSION.

At the annual meeting of the Eclectic Medical Society of the State of California, held in San Francisco on the twelfth day of December, 1882, the following remedies were assigned to committees for investigation, in reference to their physiological and therapeutical actions, their reports to be submitted to the society at its next meeting, in December, 1883.

For uniformity, the committees will investigate the action of the remedies after the following system :—

COMMITTEES:

USTILAGO MADIS.

Drs. A. W. Bixby, J. A. McKee, W. R. G. Samuels, D. MacLean, J. S. Coleman.

JABORANDI.

Drs. H. S. Webster, D. D. Crowley, F. Cornwall, Geo. E. Harrison, J. P. Webb.

IRIS VERSICOLOR.

Drs. O. P. Warren, F. Cornwall, M. H. Logan, G. W. Handy, J. P. Schmitz.

APIS MEL.

Drs. M. H. Logan, J. A. McKee, W. R. G. Samuels, J. S. Coleman, A. S. Cook.

MANGO.

Drs. G. G. Gere, D. MacLean, H. S. Webster, J. S. Coleman, A. W. Bixby.

GENERAL ACTION—*Upon what function, and nature of action.*

PHYSIOLOGICAL ACTION ON NERVOUS SYSTEM—*Sensory nerves. Spinal cord. Reflex action.*

PHYSIOLOGICAL ACTION ON CIRCULATION.

THERAPEUTICAL ACTION AND MEDICAL USES.

It is the wish of the society that members of the profession, outside of the committees, will take an interest in this matter and report the results of their investigations. By these means therapeutics will be placed on more scientific basis, and remedies prescribed with more certainty.

M. H. LOGAN, M. D., *Secretary.*

THERE are many mistakes, typographical and otherwise, in the October number of the JOURNAL, and would offer the apology that we were absent, and the proof-reading had to be left to any one. We will certainly do better in the future.

Professor Gunn a Quack.—Robert A. Gunn, M. D., Dean of the United States Medical College and editor of the *Medical Tribune*, has committed a professional crime which should debar him from the society and recognition of all respectable eclectics. He writes a long letter to the public, praising "*Warner's Safe Kidney Cure*." There is not the least show of candor or truthfulness in this letter, which makes it appear worse for the doctor; but the praise is unstinted and smacks of the ordinary quack advertisement. We will make no quotations, as any one may read the whole letter in the prominent dailies of the country.

We have long known that eclecticism was in bad odor in New York, and if this is the kind of men who are at the helm in that city there is no wonder. If this man were harming only himself by this action, the crime might be forgiven, but the whole of eclecticism suffers where acts of this kind are committed by those who are the acknowledged leaders of the school. A gentleman drew our attention to this advertisement, and asked us if this were the kind of material of which our school was composed. We suppose the E. M. Society of the State of New York, and the National, will expel him. There is an action before the courts of the State of New York to establish the charter of the United States Medical College, and also an application made for a new charter. It seemed to us that this school was being persecuted by some one, but now we are inclined to think otherwise.

Foreign Honors to American Pharmacists.—We learn from foreign journals that our enterprising countrymen Messrs. Parke, Davis & Co., of Detroit, Michigan, have been the recipients of very distinguished honors abroad. They exhibited at the late International Pharmaceutical Exhibition, at Vienna, a line of the products of their laboratory, including preparations of the newer remedies with which

their name has become so intimately associated, gelatine products, pills, etc. Their display was evidently a revelation to the Europeans who have affected to despise American pharmacy. Within the past year the medical profession of Germany have manifested a very decided interest in many of the newer drugs of P., D. & Co.'s introduction, but they were scarcely prepared for the display of artistic elegance and pharmaceutical excellence which characterizes the products of this house. Popular interest was very largely centered in their department of the exhibition, and the Emperor and Archduke Karl Ludwig took especial pains to compliment Mr. Wetzel, the representative of the house, on the beauty of the display, which also won from the jury of award of the exhibition a gold medal. We congratulate Messrs. Parke, Davis & Co. on this evidence of their tendency towards universal empire in the matter of pharmaceutical preparations.

A New Treatment for Styes.—Dr. David Webster has used calcium sulphide (hepar), a granule (1-10th gr.) each hour until ten have been taken, repeated daily, with marked success.—*N. Y. Medical Times*.

It is possible that this might be palmed off on some Rip VanWinkle of a doctor, or on some very recent medical student, as something new; but any medical practitioner who has been reading the medical literature of the present age could scarcely be edified by such a startling announcement. Is it possible that this is a new use of this remedy to allopathists? Is it possible that this is new to the astute Doctor Webster? Homeopaths have used hepar for this purpose for many years, and it is also an old remedy to eclectics.

Consolation Free.—We copy as a curiosity a notice from a local paper published in Ohio, of a physician practicing in this year of our Lord, 1883. We will furthermore state—for which fact thanks be given—that the author is not an eclectic. We believe he belongs to that “prophet of medicine, the old school—so-called.”

NOTICE.

I have tell that the German Dr John E. Frick of Lima-ville Stark Co Ohio is able to cure all chronic Diseseases of male and feemales of seven years standing with out any counsul of other Doctors, and had cured all ready Sickness who was giving up from several other Doctors and that is the trutch and nothing but the trutch that Dr John E. Frick got a great eal to due and had a practice of one hundred and fifty miles all a round in the country. Consolation free to every Person who like to try him will be invited from some of his unknowing friends.

**CENTRAL ECLECTIC MEDICAL ASSOCIATION
OF PENNSYLVANIA.**

THE fifteenth semi-annual meeting of the Central Eclectic Medical Association of Pennsylvania will convene in the parlors of the Hulbert House, No. 110 Clinton Street, Johnstown, on Wednesday, November 21, 1883, at 11 o'clock, A. M.

These meetings of the Association are well attended, and are full of interest to every practitioner of progressive medicine; the papers presented are scientific productions, and will compare favorably with any in the land; and, above all, there exists a general good feeling and a co-operative spirit among our members in all that pertains to the progress, advancement, and interest of the profession.

HENRY F. BEAM, M. D., *Secretary.*

BOOK NOTICES.

THE TREATMENT OF WOUNDS: ITS PRINCIPLES AND PRACTICE, GENERAL AND SPECIAL. By Lewis S. Pilcher, A. M., M. D., Member of the New York Surgical Society. With One Hundred and Sixteen Wood Engravings. 8vo, pp. 391. New York: Wm. Wood & Co. 1883.

This is the August number of Wood's Library. Everything that has been said of the other numbers can be said of this, as regards its excellence. The first part is devoted to general considerations regarding the repair of wounds. The latest ascertained facts and theories in regard to micro-organisms, and what they have to do with wounds and their repair, are discussed. The second part is devoted to the care of wounds in special regions. The most recent methods of eminent surgeons of treating wounds antiseptically are given. The matter of the book is neatly and concisely arranged, and contains a great fund of practical information.

A TREATISE ON ELECTRO THERAPEUTICS: CLINICAL CASES OF DIPHTHERIA WITH TREATMENT. By J. H. Woodward, M. D., Prof. of Materia Medica and Therapeutics, representing the Eclectic School of Medicine in the Medical Department of the Nebraska State University.

This is a very readable little book of 106 pages. It is mostly theoretical, the treatment of only a few diseases being given. However, in so small a volume it would be impossible to tell everything. In future editions the author will undoubtedly extend his observations. There is some very bad orthography among the medical terms, which would seem inexcusable, but the author has made an apology attributing the mistakes to the inexperience of the compositor in medical literature. Aqua is spelled "*aquea*," and lesion, "*leison*," and the compositor once calls it "*bison*." We should think him (the compositor) a bison, and a thick-headed one at that.

Prof. Woodward evidently has a well-stored brain, but is not greatly experienced in authorship, and we predict in the future editions of this work a great improvement.

SELECTIONS.

GLEANINGS.

BY GEORGE G. GERE, M. D., SAN FRANCISCO, CAL.

Dr. GEORGE R. SHEPHERD, Hartford, Conn., says: "I have used hot water as a gargle for the past six or eight years, having been led to do so from seeing its beneficial effect in gynecology. In acute pharyngitis and tonsillitis, if properly used at the commencement of the attack, it constitutes one of our most effective remedies, being frequently promptly curative. To be of service, it should be used in considerable quantity (a half pint or pint) at a time, and just as hot as the throat will tolerate. . . . Cases of urethritis and gonorrhœa are benefited or cured by its use when applied at the commencement of the inflammation. In the cure of gleet, I know of no other agent so often serviceable." The doctor also recommends it for acute coryza, ophthalmia, and conjunctivitis, inflammation of the external and middle ear, etc.

SINCE iodoform, sub-nitrate of bismuth and corrosive sublimate are the latest antiseptic hobbies.

ELECTRICITY AS A CARDIAC STIMULANT.—Prof. Ziemssen lately had a patient who had lost a greater part of the precordial structures, exposing the heart; and he conducted a series of experiments to determine the effects of the galvanic and faradic currents respectively on the organ. He distinctly discovered that the induced current *had no effect whatever*, while the constant or direct current acted as a *powerful stimulant*. It is therefore useless in cases of chloroform syncope to waste time in applications of the faradic current as is so commonly done.

HYDRATED OXIDE OF IRON.—Dr. Squibb recommends the following as a simple method of preparing hydrated oxide of iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained:—

Rx.—Tinct. Ferri Chloridi. ℥ iv.

Aquæ Fontanæ. ℥ iv.

Mix in a vessel having a capacity of twelve ounces or more, and add:—

Aqua Ammonia. ℥ ij.

THE Emperor of Brazil has given Prof. Lacerda \$20,000 for his discovery of permanganate of potassium, hypodermically injected, as an antidote for the bite of the cobra.

ACCORDING to Dr. Coelho, sea-sickness is promptly controlled by subcutaneous injections of morphine in the epigastric region, in doses of one-eighth to one-sixth of a grain.

A MIDWIFE has recently been on trial in England for communicating syphilis to about thirty married women and two infants while in the discharge of her art.

IN cases of alcoholic coma, the introduction of a pint of hot coffee, either into the stomach or the rectum, is a safe and efficient expedient.

MERCURIC bi-chloride, one grain to eight ounces of water, is the latest injection in gonorrhoea.

TRACTION SUTURE.—Dr. O. H. Allis says: "It not unfrequently happens, when a large portion of integument has been cut away, that the healthy borders cannot be fully approximated, and any attempt to do so is accompanied with such a degree of tension that the sutures soon cut their way out. To distribute this tension, I have employed the following device: After drying the skin thoroughly, I apply strips of adhesive plaster from the margin of the wound in the direction I wish the sutures to hold. I then pass my needle deeply through plaster and skin. After the sutures are in position, and before tightening them, I request an assistant to approximate the margins of the wound by pressure of his hands while I secure them by twisting the wire. Sutures employed in this way have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures."

TO PREVENT PITTING IN SMALL POX.—Take white lead and linseed oil q. s. to make a cream-like paste, add to the amount five or six per cent. of carbolic acid, and apply with a large camel's-hair brush repeatedly, so as to keep the surface of the face, hands, etc., permanently and fully covered.—*Dr. Steiger.*

RHUS POISONING.—*Lobelia inflata*, two parts of the fluid extract to one of glycerine, applied externally, promptly relieves the itching and burning.—*Dr. Thomas Gifford.*

SMALL AND FREQUENT DOSES.

EACH generation, in a state of stable society, is wiser than its predecessor, from the merely cumulative results of experience, transmitted in the wealth of books and teaching. But when a new line of thought or a new principle is discovered, it does not commonly become popular or prevalent with the generation that saw its birth. Two or three generations ago the rules for the amount and method of dosing would appall a doctor of to-day. And he would be obliged to allow that, in many cases at least, to die without drugs was the preferable way. This generation is gradually witnessing a change of sentiment, that is all but universal, and it requires no prophet to see that it will be in the next the dominant idea.

Prof. A. A. Smith, in the February 10th number of this journal, has struck the key-note of this change in his lecture on "The Frequent Repetition of Doses." But he has also struck a profounder chord, and one that prevails to a much wider extent than might at first appear on the surface.

Let us quote the first instance: "Urticaria is often caused by the administration of *full doses* of balsam of Copaiba . . . a single drop of the same drug given every half hour will sometimes control urticaria." And he adds: "I have no explanation to offer, but I make the statement not alone upon the authority of others; I myself have often observed the efficacy of the treatment."

Again I will quote: "Fowler's solution—half a drop given every half hour for six or eight doses—will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy."

Is there any one who doubts that arsenic in larger doses will produce vomiting very like the vomiting described?

"The next preparation of which I shall speak is a solution of the sulphate of atropine, one one-hundredth of a grain in a goblet of water, a teaspoonful of which shall constitute a dose. Now you will often be called to see cases of supposed croup, but which will in the majority of instances prove to be false croup of a reflex origin. Ordinarily you will be able to relieve these patients by giving them teaspoonful doses every hour or half hour, according to the severity of the attack. If the child's face begins to flush,

and show signs of the physiological effects of the drug [the italics are my own], the dose can be reduced in frequency."

Biddle's "Materia Medica" says: "In larger doses it ('Belladonna, the narcotic properties of which depend on Atropia') causes constriction of the throat, difficulty of deglutition and articulation, increased heart-action, quickened respiration, elevation of temperature, marked diuresis, nausea, etc." Is not a very large part of this the picture of that same spasmodic croup? If it is not, then I have yet to meet with that complaint.

Again let me quote *verbatim* (omitting only for the sake of brevity), for I could find no better illustrations than those Professor Smith has given: "One of the most important remedies which can be administered with great benefit in frequently repeated doses is Ipecac. You are aware that a teaspoonful of the syrup of Ipecac is likely to produce emesis; but it is also a fact that a single drop of the wine of Ipecac will often arrest obstinate vomiting. It should be repeated every ten or fifteen minutes. . . . A single drop of the wine of Ipecac, repeated every fifteen or twenty minutes, will often produce the most marked relief, both from the vomiting and diarrhoea," of children suffering from the disturbance of digestion (see the former part of the statement). It is a fact well known to all practitioners who have given Ipecac in large doses that it does not only produce vomiting as stated by Professor Smith, but also diarrhoea, especially in some cases where it fails to produce emesis, and acts as a nauseant and finally as a cathartic.

"I have administered one-fortieth-grain doses of calomel every hour for ten or twelve hours and relieved the headache of syphilis occurring at night. The relief was very marked the second night." It is also a well known fact that those who have been poisoned by working with mercury are very subject to headache, and that this is as a rule worse at night.

"Nursing children often regurgitate their food. This has been relieved repeatedly in my experience by giving them a teaspoonful of a solution of one grain of calomel to a pint of water, repeated every fifteen minutes."

Both mercury and calomel produce vomiting when given in large doses, or vomiting and diarrhoea may be the result.

"In infantile diarrhoea very minute doses of calomel, as

one-sixteenth, one-twelfth, one-eighth grain, every hour or two, are highly efficacious." So says Biddle.

It seems that Dr. Smith has found that one one-hundred and twenty-eighth of a grain, given in the same way, has "repeatedly relieved" the same symptoms. The question suggests itself: Might not one-sixtieth or even one one-hundredth grain of calomel be efficient in syphilitic nocturnal headache? Testing this is better than all the arguing against it or for it, though Professor Smith has thus far failed to try it.

Again: "Where the diarrhoea is accompanied by mucous passages, indicative of a certain degree of inflammatory action, or enteritis, benefit will be derived by the administration of one teaspoonful every hour of a solution of one grain of bi-chloride of mercury to one quart of water." This is about one two-hundred and fifty-sixth of a grain. And he adds: "The full dose for a child is reached in a few hours."

Biddle says of corrosive sublimate: "It acts very rapidly, producing the most intense gastro enteritis, with violent vomiting and purging, abdominal pain and tenderness, bloody stools, with death from collapse."

We are assured, in the next place, that one two-hundred and fifty-sixth of a grain of tartar emetic, given in solution every half hour, "will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children."

Biddle says "the constitutional effects of tartar emetic in small doses are an increase in the secretions and exhalations generally, especially of the skin." But one must remember that the small doses of Biddle are very large doses when compared with Professor Smith's one grain in a quart of water. And yet Professor Smith insists that his statement "is based upon clinical facts."

"A single drop of the tincture of nux vomica, given every ten minutes, will often produce the most marked relief in sick headache, not of a neurotic origin." This is from Professor Smith. Biddle says: "In somewhat larger doses [he mentions as high as five drops of the tincture as an allowable dose] the stomach is disturbed." This is cause enough for "headaches not of a neurotic origin," and it actually does produce them in this way.

"It is well known," says Professor Smith, "that cantharides, when given in large doses, is liable to cause inflamma-

tion of the urinary tract; but it has been found that a single drop of the tincture every hour will, in many cases, relieve vesical catarrh."

"For diarrhoea of children, accompanied with slight inflammation, straining, and the passage of jelly-looking matter, but not true dysentery, five drops of castor-oil, given every hour in water, with sugar and gum, is an excellent remedy."

This is, even as the most inexperienced know, the very sort of diarrhoea overdoses of castor-oil produce.

Professor Smith has, in the cases above quoted, departed from the ordinary rule in giving remarkably small doses. This is the first generalization. Again he has repeated his doses much more frequently than is usually recommended.

Thirdly, he has in no case produced the "physiological action" of the drug. Indeed, it is the very thing we are cautioned to avoid.

In the fourth place, he has based his statements "upon clinical facts," of which he has satisfied himself "that they are not the result of coincidence, nor normal influence upon the patient." nor any other less tangible reason than the direct effect of the drug.

Of the thirteen cases quoted, the following tabulation may be made:—

In *three of them* he emphatically asserts that the same drugs, given in large doses, produced effects similar to those they cause in minute doses.

In four others Biddle distinctly asserts that large doses produce similar physiological effects to those caused by the small doses of the same drug. In one other (*nux vom.*) I have inferred it from Biddle's statement.

In five others it is a well-known fact, to all conversant with the physiological effects of the drugs, that they produce similar symptoms, when administered in large doses, to the diseases Professor Smith recommends small doses to cure.

Omitting then, for the sake of exactness, the one in question, *nux vomica*, we have as follows: *Copaiba* produces and cures urticaria; arsenic causes and cures vomiting from more or less acute gastritis; atropia causes and cures a false croup; ipecac causes and cures vomiting from great nausea; it also causes and cures a certain kind of diarrhoea, and to this might be added that the diarrhoea is mostly accom-

panied by nausea; calomel causes and cures night headaches; it also causes and cures vomiting, also diarrhoea; corrosive sublimate causes and cures diarrhoea marked by tokens of acute inflammation; tartar emetic causes and cures a discharge from the bronchi; cantharides causes and cures acute cystitis; castor-oil causes and cures diarrhoea with jelly-like passages.

In every one of these cases, over causes as written, we might write "in large doses;" and over cures, write "in minute doses," and be within the bounds of exact truth and "clinically demonstrated facts."

In every candid mind the question cannot help arising, Are these twelve drugs, so widely different in their nature and physiological effects, acting as they do on so many different parts of the organism, the only ones subject to these generalizations?

Does any one else know of any drug clinically proved to cure in minute doses symptoms similar to those produced by the same drug in large doses? Clinically demonstrated facts are in order. What is the breadth of these generalizations?—*M. W. Vandenburg, M. D., in New York Medical Journal.*

HOW TO REMOVE A TIGHT RING.

A NOVEL method of effecting the removal of a ring which has become constricted around a swollen finger, or in any other similar situation, consists simply in enveloping the afflicted member, after the manner of a circular bandage, in a length of flat India rubber braid, such as ladies make use of to keep their hats on the top of their heads. This should be accurately applied—beginning, *not* close to the ring, but at the tip of the finger, and leaving no intervals between the successive turns, so as to exert its elastic force gradually and gently upon the tissues underneath. When the binding is completed, the hand should be held aloft in a vertical position, and in a few minutes the swelling will be perceptibly diminished. The braid is then taken off and immediately reapplied in the same manner, when, after another five minutes, the finger, if again rapidly uncovered, will be small enough for the ring to be removed with ease.—*Langon, Gaz. des Hop.*

ARTIFICIAL TEETH SWALLOWED.

BY W. F. CURRYER, M. D.

ON the 9th day of December last, early in the morning, Milton Q. called on me and said he had met with a very peculiar accident during the night previous, which was as follows, viz.:—

While asleep he suddenly became conscious of some large, sharp, rough substance passing into the throat. He was, about the same time, seized with violent retching, but could not vomit; even with his face near the floor and body on the bed, with active titillation of the fauces with the finger, he could not provoke emesis or dislodge the foreign substance. Each effort made for the removal of this body only seemed to cause the obstruction to pass further down, which finally entered the stomach with a very sharp, stinging pain.

He now became easy, but very anxious, for he suddenly thought of his artificial teeth, and, after diligently searching for them, he became painfully aware of his unfortunate situation.

I carefully examined the upper part of the mouth, and could yet see the imprint of the artificial plate in the mucous membrane, which measured two inches wide by two and one-half inches long. He told me that there were four front teeth on the plate.

Knowing the insolubility of vulcanized rubber and porcelain teeth in the fluids of the body, I directed him to eat such food as would make the most solid matter in the bowels possible, hoping thereby to have the plate and teeth incorporated in the mass and expelled. Failing in this for some time, he then, of his own accord, took one-half pint of castor oil, with no better result than before. As our patient was not suffering, we concluded to call an armistice and await developments, which has continued until the present time, with no report from the missing incisors or plate.

Nine months have now elapsed, and yet our patient is still apparently in good health, except an occasional pain in the abdomen, which he attributes to the missing teeth.

Several cases are on record where persons have swallowed their artificial teeth, and died soon after. To the best of my knowledge this is the only instance where the teeth were not recovered that the patient long survived.